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CERTIFICATION OF FACSIMILE TRANSMISSION:

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING
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BELOW:

Date of Transmission: August 16, 2005

Name of Person

Making Transmission: Nicole Barrese

Signature: *Nicole Barrese* 8/16/05

DOCUMENT(S) FAXED: (MARKED WITH X)

7 PAGES ATTACHED

Re Applic of	H. Bernhard Pogge et al.
Docket No.	FIS9-2002-0007-US2
Serial No.	10/709,946
Filing Date	June 8, 2004
Attorney	Jay H. Anderson

Attached: Amendment Transmittal Letter and Amendment

PLEASE DELIVER TO:

EXAMINER: D.P. Nguyen

ART UNIT: **2814**

PHONE NO: 571-272-1712

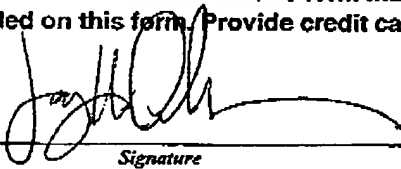
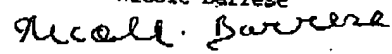
FAX NO: 571-273-8300

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INTERNATIONAL BUSINESS
MACHINES CORPORATION

Intellectual Property Law
East Fishkill Facility
2070 Route 52
Hopewell Junction
New York 12533-6531

Fax: 845-892-6363
Phone: 845-894-6919

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS9-2002-0007-US2	
Applicant(s): H. Bernhard Pogge et al.					
Application No. 10/709,946	Filing Date June 8, 2004	Examiner D.P. Nguyen	Customer No. 32074	Group Art Unit 2814	Confirmation No. 3945
Invention: INTEGRATED ELECTRONIC CHIP AND INTERCONNECT DEVICE AND PROCESS FOR MAKING THE SAME					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6	20	0	x \$50.00	\$0.00
INDEP. CLAIMS	1	3	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: August 16, 2005		
Jay H. Anderson Registration No. 38,371 Telephone No. 845-894-3667 Fax No. 845-892-6363			CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: August 16, 2005 Name of Person Making Transmission: Nicole Barrese Signature: 		
cc:					

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING TRANSMITTED BY FACSIMILE TO THE UNITED STATES PATENT AND TRADEMARK OFFICE ON <u>August 16, 2005</u>	
Name of Person Making Transmission:	<u>Nicole Barrebe</u>
Signature:	<u>Nicole Barrebe</u>
Date of Signature:	<u>8-16-05</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
H. Bernhard Pogge *et al.*

Examiner: D.P. Nguyen

Application No.: 10/709,946

Group Art Unit: 2814

Filed: June 8, 2004

For: INTEGRATED ELECTRONIC CHIP
AND INTERCONNECT DEVICE
AND PROCESS FOR MAKING
THE SAME

Date: August 16, 2005

AMENDMENT

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 16, 2005, please amend the
above-identified application as follows:

FIS9-2002-0007-US2

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Application No. 10/709,946